



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 5302

<b>SERIAL NUMBER</b> 10/606,684	<b>FILING OR 371(c) DATE</b> 06/26/2003 <b>RULE</b>	<b>CLASS</b> 455	<b>GROUP ART UNIT</b> 2618	<b>ATTORNEY DOCKET NO.</b> P16433-US2
------------------------------------	---	---------------------	-------------------------------	--

**APPLICANTS**  
 Bernd Moller, Henfenfeld, GERMANY;  
 Torbjorn Solve, Malmo, SWEDEN;  
 Cristian Medina-Warmburg, Nurnberg, GERMANY;

**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CIP of 10/359,835 02/07/2003 which claims benefit of 60/357,366 02/15/2002  
 and claims benefit of 60/357,291 02/15/2002  
 and claims benefit of 60/412,756 09/23/2002  
 and claims benefit of 60/412,763 09/23/2002  
 and claims benefit of 60/412,875 09/23/2002  
 This application 10/606,684  
 claims benefit of 60/395,771 07/11/2002 *CH*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *NOTED*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 09/24/2003**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>[Signature]</i> Initials <i>CH</i>	<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 19 17	<b>INDEPENDENT CLAIMS</b> 2
--	---	------------------------------------	----------------------------	---------------------------------	--------------------------------

**ADDRESS**  
27045

**TITLE**  
Method of and system for testing equipment during manufacturing

<b>FILING FEE RECEIVED</b> 880	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
-----------------------------------	---	---